

Integrating Oral Health Throughout Cancer Care

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Oral health is often not a priority during cancer treatment; however, patients with cancer are at increased risk for oral complications during and after treatment. This article focuses on the importance of oral health care before, during, and after cancer treatment using the head, eyes, ears, nose, oral cavity, and throat, or HEENOT, approach.

At a Glance

- Oral health is linked to overall health, and healthcare providers must be cognizant of the oral-systemic connection with patients undergoing cancer treatment, which may cause acute and chronic oral health problems.
- Oral assessment, prevention, early recognition, and treatment of oral problems must be incorporated into cancer care, particularly with the aid of an interprofessional team to meet patients' oral care needs.
- The head, eyes, ears, nose, oral cavity, and throat, or HEENOT, approach integrates oral care into patients' history taking, physical examination, and plan of cancer care.

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Fifteen years have passed since the release of *Oral Health in America: A Report of the Surgeon General*, in which the relationship between an individual's oral health and general health was emphasized, along with the need to incorporate oral health into the education and clinical practice of all healthcare providers (U.S. Department of Health and Human Services, 2000). In addition, more than 25 years have gone by since the recommendation for oral assessment prior to, during, and following cancer therapy emerged from a consensus conference on oral complications of cancer therapies sponsored by the National Institutes of Health (NIH, 1989). Assessment of the mouth; prevention, early recogni-

tion, and treatment of oral problems; and good oral hygiene have been identified as being essential to improving the quality of life and nutrition of people with cancer, as well as reducing the complications and cost of cancer care. However, this has not become the standard of care in cancer treatment.

In a survey of oral health supportive services in National Cancer Institute (NCI)-designated comprehensive cancer centers, 56% (n = 9) of the 16 responding centers (out of 39) indicated they did not have a dental department (Epstein et al., 2007). None of the responding centers had standard protocols in place for oral preventive care or for supportive services for oral complications during or after

cancer therapy (Epstein et al., 2007). In addition, at the responding centers, a pre-treatment oral assessment was given to only two-thirds of patients with head and neck cancer prior to radiation therapy, to one-third of patients before high-dose chemotherapy, and to just one-fifth of patients who received other cancer therapy (Epstein et al., 2007).

The lack of oral health knowledge and skills in medical and nursing education is implicated in this problem. About 70% of medical schools have less than five hours of oral health in their curriculum, and 10% include no oral health education (Ferullo, Silk, & Savageau, 2011). Although the nursing profession is beginning to integrate the Health Resources and Service Administration's ([HRSA's], 2014) oral health core clinical competencies into nurse practitioner (NP) and nurse midwifery (NM) programs, oral health content and clinical competencies are not a standardized component of undergraduate or graduate curricula (Dolce, 2014; Haber et al., 2015; Jablonski, 2010; National Organization of Nurse Practitioner Faculties, 2012, 2013; Southern, 2007).

Importance of Oral-Systemic Health

A review of the literature reveals a paucity of information about integrating oral health into the treatment of patients with cancer, with the exception of patients with head and neck cancer or childhood leukemia or who are undergoing intensive chemotherapy. However, more than one-third of people treated for cancer develop complications that affect the mouth (National Comprehensive Cancer Network, 2015). In a systematic